

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>10-11-05</u>		2 Serial/Patent # <u>107519332</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input type="checkbox"/>	Filing		10519332
<input type="checkbox"/>	Amendment		10519332
<input type="checkbox"/>	Extension of Time		10519332
<input type="checkbox"/>	Notice of Appeal/Appeal		022448
<input type="checkbox"/>	Petition		022448
<input type="checkbox"/>	Issue		010000
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		010000
<input type="checkbox"/>	Maintenance		010000
<input type="checkbox"/>	Assignment		010000
<input type="checkbox"/>	Other		010000
		7 TOTAL AMOUNT OF REFUND	
		\$ <u>100</u>	
10 REASON:		8 TO BE REFUNDED BY:	
<input type="checkbox"/>	Overpayment	Treasury Check	
<input type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #:	
<input type="checkbox"/>	No Fee Due (Explanation):	9 <u>02--2448</u>	
<u>Fee Code Correction:</u> <u>1632-500</u> <u>1642-400</u> <u>\$100</u>			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>BAC</u>		TITLE:	
SIGNATURE: <u>BAC</u>		Adjustment Date: 06/13/2005 BCAMPBEL	
OFFICE: <u>PCT/DO/EO</u>		01786/2 PHONE: 00000041 022448 10519332	
		02 FC:1632 500.00 CR	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**